

M

TAB

TAB

TAB

TAB

TAB

# INCENTIVE AWARDS NOMINATION AND APPROVAL - NONAPPROPRIATED FUNDS

For use of this form, see AR 215-3; the proponent agency is DCSPER.

NAME *(Last, first, MI)*

SOCIAL SECURITY NUMBER

WORK CENTER CODE

POSITION/GRADE

ORGANIZATION

Justification for all Incentive Awards based on performance will be completed as required on the reverse side of this form.

TYPE OF AWARD RECOMMENDED			
HONORARY		MONETARY	
	CERTIFICATE OF ACHIEVEMENT		SUSTAINED SUPERIOR PERFORMANCE DATES: _____ AMOUNT \$ _____
	CERTIFICATE OF APPRECIATION		SPECIAL ACT OR SERVICE DATE: _____ AMOUNT \$ _____
	OTHER <i>(SPECIFY)</i>		QUALITY STEP INCREASE TO STEP _____
			ON-THE-SPOT AWARD (*) AMOUNT \$ _____

## NOMINATING OFFICIAL

TYPED NAME AND TITLE

TELEPHONE NO. SIGNATURE

DATE

(\*) For On-The-Spot Award, this document, when signed by the appropriate official, constitutes authority to issue check in amount indicated. Authority AR 215-3, chapter 9.

## COMPLETE ONLY FOR SUGGESTION AWARDS

TANGIBLE SAVINGS \$ \_\_\_\_\_

☐ APPROVED

INTANGIBLE (ATTACH STATEMENT)

☐ DISAPPROVED

TYPED NAME AND TITLE OF SUGGESTION  
AWARDS CHAIRMAN OR NAF COORDINATOR

SIGNATURE

DATE

## TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY

☐ APPROVED

☐ DISAPPROVED

AMOUNT OF AWARD \$ \_\_\_\_\_

TYPED NAME AND TITLE

SIGNATURE

DATE

TAB

## PERFORMANCE

DATE \_\_\_\_\_